

RESCUE PARTNER APPLICATION

Organization Information

Name of organization: _____ Date: _____

Is the agency a registered 501(c) 3 non-profit? ☐ Yes ☐ No Tax-exempt ID # _____

Address: _____
Street City State Zip

Website: _____ Email: _____

PRIMARY CONTACT: _____ Title: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

SECONDARY CONTACT: _____ Title: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Accepted Animals

What species/breed(s) are accepted in your program? _____

Do you accept breed mixes? Yes ☐ No ☐

Do you accept animals with medical conditions? ☐ Yes ☐ No

If yes, please specify what types of conditions _____

Do you perform formal or informal behavioral evaluations on the animals accepted into your organization?
Please explain. _____

Do you accept animals with behavior issues? ☐ Yes ☐ No

If yes, please specify what types of issues and what type of rehabilitation/training your organization can provide: _____

Do you accept senior animals? ☐ Yes ☐ No If so, up to what age? _____

Do you accept (and have the resources to care for) neonates? ☐ Yes ☐ No

General Information

Approximately how many animals can your organization collectively house? _____

Please describe the types of housing used for animals in the organization's care: _____

Does the organization utilize foster homes? ☐ Yes ☐ No

If so, are they monitored/ periodically inspected by your organization? ☐ Yes ☐ No

How often you visit your foster homes? _____

How many foster pets per home are allowed by your organization? _____

What ratio of personal pets vs. fosters allowed per foster home? _____

Does the organization utilize boarding facilities? ☐ Yes ☐ No

If so, please list which ones: _____

How frequently is the boarding kennel visited by your organization? _____

What tools do you use to screen potential adopters (e.g., application, home check, etc.)? _____

What criteria, if any, might disqualify a potential adopter from being approved to adopt one of your animals?

Is euthanasia ever an option for your organization? Please explain. _____

Do you ever transfer animals to other individuals or organizations to be made available for adoption?

What happens to an animal adopted through your organization if the adopter is no longer willing or able to keep it?

References:

Please list a veterinarian associated with your organization whom we may contact for a reference:

Name: _____ Phone: _____

Please list two other shelters or agencies your organization works with whom we may contact for references:

Name: _____ Contact Person: _____

Phone: _____ Email: _____

Name: _____ Contact Person: _____

Phone: _____ Email: _____

Please identify those individuals who form the current management and oversight of your organization: (e.g., officers, directors, board members, senior staff, etc.)

1- _____

2- _____

3- _____

4- _____

5- _____

Authorized Agents

Please list members of your group who are authorized to pick up animals from Montgomery County Animal Services and Adoption Center and to sign transfer forms on behalf of the organization:

Name	Phone and/or Email
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Name	Phone and/or Email
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Name	Phone and/or Email
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Name	Phone and/or Email
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By signing below, I certify that:

- I have read the Montgomery County Department of Animal Services' Transfer contract, and I agree that the organization identified above will comply with its terms and conditions.
- The above identified organization is in compliance with all applicable legal requirements, including annual and periodic reporting requirements.
- I am an authorized representative of the above named organization and have the requisite authority to sign this document on behalf of that organization, and to bind it to the all of the Department terms and conditions regarding animal transfers.

Signature of representative filling out this form: _____

Printed Name: _____ **Date:** _____

